## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXPEND	HONES		PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼	
National Nurses United for Patient	Protection		С	C00490375	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y	
Full Name of Payee			Date of Publ	lic Distribution/Dissemination	
Bus Bank			03	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 820 West Jackson			Amount		
Suite 815	01-1-	7:- 0:-1-		00400.44	
City Chicago	State IL	Zip Code 60607		20400.41 ID : D709557	
Purpose of Expenditure Bus tour expenses		Category/ Type	Date of Disb	oursement or Obligation  27  2016	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Bernie Sanders		Oppose	President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		21930.74	Disbursement For: 2016 Other (s	Primary General pecify) ▶	
Full Name of Payee			Date of Publ	lic Distribution/Dissemination	
California Nurses Association			03	04 2016	
Mailing Address 155 Grand Avenue			Amount		
City	State	Zip Code		50.00	
Oakland	CA	94612	Transaction I Date of Disk	ID: D710654 oursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type	03	07 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
Bernie Sanders		Oppose	X President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		21930.74	Disbursement For: 2016 Other (s	Primary General Specify) ►	
(a) SUBTOTAL of Itemized Independent Expendent	itures		•	20450.41	
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electron	nically Filed] Date	e 03 / 07	2016	
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼				
Tradional Traises Office for Fallent Frotection	C C00490375				
Check if X 24-hour report 48-hour report New report Amends rep	port filed on				
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination				
	03 04 2016				
Mailing Address 155 Grand Avenue	Amount				
City State Zip Code	100.00				
Oakland CA 94612	Transaction ID : D710655  Date of Disbursement or Obligation				
Purpose of Expenditure Online Ad  Category/ Type	M 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support	Office Sought: House District:00				
Bernie Sanders Oppose	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
California Nurses Association	03 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 155 Grand Avenue	Amount				
City State Zip Code	436.90				
Oakland CA 94612	Transaction ID : D710656  Date of Disbursement or Obligation				
Purpose of Expenditure Payroll Expense  Category/ Type	03 / 07 / 2016				
Name of Federal Candidate Support	Office Sought: House District: 00				
Bernie Sanders Oppose	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 21930.74	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 536.90				
(b) SUBTOTAL of Unitemized Independent Expenditures	··· <b>&gt;</b>				
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl [Electronically Filed] Da	te 03 07 2016				
Signature					

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OF

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

National Nurses United for Patient Protection    FEC IDENTIFICATION NUMBER ▼		neddic E)	FOR SE OF FORM 24/48			
Check if			FEC IDENTIFICATION NUMBER ▼			
Pull Name of Pave   Date of Public Distribution/Dissemination	IN	ational Nurses United for Patient Protection	C C00490375			
California Nurses Association  Mailing Address 155 Grand Avenue  City State Zip Code 943.43  Transaction ID: D710857 Date of Disbursement or Obligation  Payroll Expenses  Name of Federal Candidate  Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Date of Public Distriction/Dissemination  Mailing Address  City State Zip Code  Date of Public Distriction/Dissemination  Category/ Type  Date of Disbursement or Obligation  Date of Public Distriction/Dissemination  City State Zip Code  Date of Public Distriction/Dissemination  Date of Disbursement or Obligation  Date of President Senate State: Do  Date of President Senate State: Do  Date of Disbursement or Obligation  Date of Public Distriction Obligation	Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M M / D D / Y Y Y Y Y			
Mailing Address 155 Grand Avenue  City State Zip Code Oakland CA 94612  Purpose of Expenditure Per Election for Office Sought Date of Disbursement or Obligation  Mailing Address  Category/ Type Office Sought House District 00 Obligation Office Sought State DC Oelectron Office Sought Office Soug	Т	Full Name of Payee	Date of Public Distribution/Dissemination			
City State Zip Code Oakland CA 94612  Purpose of Expenditure Payroll Expense Name of Federal Candidate  Semile Sanders  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Disbursement or Obligation  Purpose of Expenditure Payroll Expense  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement For: ★ Primary General  City State Zip Code  Date of Disbursement or Obligation  Date of Disbursem						
Oakland  CA 94612  Transaction ID: D710657  Date of Disbursement or Obligation  Name of Federal Candidate  Bernie Sanders  Calegory/ Name of Federal Candidate  Bernie Sanders  Calendar Year-To-Date Purpose of Expenditure  Name of Payee  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  President Senate State: DC  Disbursement For: Primary General  Purpose of Expenditure  Name of Pederal Candidate  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  President Senate State: DC  Date of Disbursement or Obligation  Transaction ID: D710657  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D1667  Date of District D0  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D1667  Date of District D0  Da		Mailing Address 155 Grand Avenue	Amount			
Oakland  CA 94612  Transaction ID: D710657  Date of Disbursement or Obligation  Name of Federal Candidate  Bernie Sanders  Calegory/ Name of Federal Candidate  Bernie Sanders  Calendar Year-To-Date Purpose of Expenditure  Name of Payee  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  President Senate State: DC  Disbursement For: Primary General  Purpose of Expenditure  Name of Pederal Candidate  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  Transaction ID: D710657  Date of Disbursement or Obligation  President Senate State: DC  Date of Disbursement or Obligation  Transaction ID: D710657  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of Disbursement or Obligation  Transaction ID: D710657  Date D154101  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D1667  Date of District D0  Date of District D0  Date of Disbursement or Obligation  Transaction ID: D1667  Date of District D0  Da	ŀ	City State Zip Code	943.43			
Purpose of Expenditure Payroll Expense  Category/Type  Office Sought: House District: 00  Bernie Sanders  Oppose  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  City  State  Category/ Type  Date of Disbursement For: Primary  General  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought: House Distribution/Dissemination  Date of Disbursement or Obligation  City  State  Zip Code  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Disbursement For: Primary General  Per Election for Office Sought  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Martha Kultl  IElectronically Filed1  Date  Date  Office Sought: House District:  Date of Disbursement or Obligation  Date of Public Distribution/Dissement or		-	Transaction ID : D710657			
Bernie Sanders    Oppose   Opp		Payroll Expense	M M / D D / Y Y Y Y			
Dernie Sanders	ı	Name of Federal Candidate Support Office	Sought: House District: 00			
Per Election for Office Sought  Full Name of Payee    Date of Public Distribution/Dissemination		Parais Conders				
Full Name of Payee    Date of Public Distribution/Dissemination   Mark   Date		00.40				
Mailing Address    Amount	ŀ	Full Name of Payon				
City State Zip Code    Purpose of Expenditure		Tull Name of Payee				
Purpose of Expenditure    Category/ Type	ľ	Mailing Address	Amount			
Purpose of Expenditure    Category/ Type	ŀ	City State Zip Code				
Purpose of Expenditure    Category/ Type	١		Date of Disbursement or Obligation			
Support Office Sought Once Sought Office So		Category	M = M / D = D / Y = Y = Y			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	e Sought: House District:			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures						
(a) SUBTOTAL of Itemized Independent Expenditures	ŀ					
(b) SUBTOTAL of Unitemized Independent Expenditures		Calcindar Toda To Bato				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Martha Kuhl   [Electronically Filed]   Date   03   07   2016	(	(a) SUBTOTAL of Itemized Independent Expenditures	943.43			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Martha Kuhl	(b) SUBTOTAL of Unitemized Independent Expenditures					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Martha Kuhl	(	(c) TOTAL Independent Expenditures	21930.74			
[Electronically Filed] Date 03 07 2016	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
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